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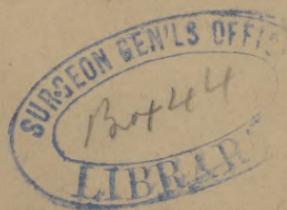
# THE LATE DR. JOHN CONOLLY,

OF HANWELL, ENGLAND.

By CHARLES A. LEE, M. D.,

*Late Professor of Medical Jurisprudence University of the City of New York.*

REPRINTED FROM THE AMERICAN PRACTITIONER FOR AUGUST, 1871.



LOUISVILLE:

John P. Morton and Company, Publishers.

1871.

# THE AMERICAN PRACTITIONER.

EDITED BY

DAVID W. YANDELL, M. D.

*Professor of Clinical Surgery in the University of Louisville.*

AND

THEOPHILUS PARVIN, M. D.

*Professor of the Medical and Surgical Diseases of Women in the University of Louisville.*

PUBLISHED MONTHLY. TERMS \$3.00 A YEAR.

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## THE LATE DR. JOHN CONOLLY.

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The late Dr. Conolly may well be regarded as one of the benefactors of his race. To him more than to any other individual England owes the establishment of non-restraint in the treatment of the insane; and although he was not the first to introduce it into Great Britain, yet he was the first to demonstrate its advantages on a large scale, to show its soothing influence upon the insane mind, its marked power in diminishing the violence of the paroxysms of mania, its tranquilizing effect on the entire inmates of an asylum, as well as its beneficial influence on the attendants; and yet his system of management, although it has doubtless modified the treatment of the insane throughout Europe, and to a considerable extent also in this country, has not done the amount of good that might have been expected; and more than this, it has met with actual opposition in quarters where we should have supposed it would have been hailed with enthusiasm and delight.

Although Dr. Conolly never laid down the principle of non-restraint in the management of the insane as an absolute

and inflexible law, yet he demonstrated, in an experience of nearly thirty years, the possibility of conducting an asylum successfully, containing from eight to twelve hundred patients, without the use of mechanical restraints of any kind. He did not dogmatize on the subject; he preferred to show his faith by his works; and if he never resorted to restraint it was because he believed that it was never necessary. While most other physicians who have charge of lunatic hospitals are very free to acknowledge that mechanical restraints should never be resorted to unless there be a clear necessity, it so happens that they find this necessity in great numbers of cases. It is so throughout Germany, France, and the greater part of Europe, as well as this country. Although some of the most eminent foreign physicians, as the late Professor Griesinger, of Germany, not only accepted non-restraint, but were its earnest and eloquent advocates, the system seems to make very slow progress even in those countries where its great benefits have been witnessed and are generally acknowledged, and considerations both of humanity and science recommend its adoption. Why is this? We believe the principal causes will be found connected with considerations of economy, time, and labor. To carry out the non-restraint system as it was carried out by Dr. Conolly at Hanwell would require at least double the number of attendants in proportion to the patients as are furnished in American asylums, with a greatly increased expense. Besides, it would impose more than twice as much care, watching, anxiety, and labor on the part of the superintendent and his assistants. If these can be saved, so much at least is supposed to be gained. Americans are too much accustomed to labor-saving machinery to spare its employment whenever it economizes time, money, or labor. Whether animate or inanimate nature is concerned, it is all the same. And this is not merely a Yankee or American notion; it is the same to a great extent the world over.

While Dr. Kirkbride, of the Pennsylvania Asylum, and some others of our able superintendents, admit that every lunatic asylum may be well conducted without any mechanical restraint whatever, they would seem to doubt its expediency in all cases; and to carry out the plan fully they justly claim that the hospitals should be so constructed as to give all the benefits of the most perfect classification, with a full force of faithful and experienced physicians, and ample grounds for exercise and occupation in the open air. It is not too much to say that this is within the reach of nearly all our principal asylums at the present time, and might be of all by such modifications in plans of construction, and additions of separate buildings and land, as are entirely practicable. It is to be hoped that in all new asylums in our country the internal construction and arrangements, as well as opportunity for agricultural and mechanical employments, may be such as no longer to furnish an excuse for any other than what may truly be called the humane, scientific, and curative treatment of the patients.

If Dr. Conolly is to be commended, as he assuredly is, for his perseverance and success in carrying out the great reform of non-restraint, it is to be understood that by this is meant not one feature only, but a multitude of details. It implies, as fully stated by himself in his different writings, an appropriate building, or rather buildings, on a suitable site; ample surrounding space, not only for gardens, shade, and ornamental grounds, but also for agricultural employments, shops for labor in all the necessary mechanic arts, and places under cover for shelter and recreation; internal arrangements calculated to solace and divert the mind diseased, and occupy it in some useful direction, as well as to provide for all the decencies and comforts of life; a sufficient number of well-qualified, well-paid attendants, animated by a spirit of self-denial, self-devotion, and kindness; and above all a superintendent penetrated, as it were, by a sincere love for the insane; possessing

a humane disposition, a calm, vigorous, and determined mind ; thoroughly imbued with the conviction that insane patients are best treated by kindness and humanity, without coercion or any display of means thereto.

Owing to the peculiar organization of his asylum, and the very limited amount of land attached to it, Dr. Conolly was never able to try the experiment of agricultural and farm labor on a large scale, as he desired, and as has been done successfully at Clermont and the newly-established asylums in France and Germany ; but he believed fully in the principle of out-door labor as a substitute for mechanical restraint.

To show the extent to which non-restraint has been carried in Great Britain, and chiefly through the influence of Dr. Conolly, it may be stated that in the Essex County Asylum, established in 1853, containing five hundred and ninety-nine patients, restraint has been adopted in only a single instance, although two thousand five hundred and sixty-eight patients have been treated. In the Royal Asylum, Glasgow, with an average of over six hundred inmates, mechanical restraint has not been used for the last twenty years. In the Witts County Asylum, since 1851, with an average of over five hundred patients, mechanical restraint has not been employed, except in two or three surgical cases to retain bandages, and seclusion is rarely used. No mechanical restraint has been employed in the Lincoln Asylum since 1852, with an average of nearly six hundred patients, and seclusion for short periods only in ordinary bed-rooms is occasionally resorted to. In the Derby County Asylum mechanical restraint has only been resorted to in a single instance in the treatment of two thousand seven hundred and ninety-six lunatics. In the North Wales Counties' Lunatic Asylum, with an average of nearly four hundred patients, mechanical restraint has never been resorted to, and seclusion only in a few extreme cases, active exercise in the open air being found a perfect substitute. In the Lancaster Asylum, with a number of pa-

tients ranging from seven to ten hundred, not a single patient has been put under mechanical restraint for twenty years; and the superintendent, Dr. Broadhurst, remarks that "during the whole of that period I have not seen a case in which I thought the use of it would have been beneficial."

The friends of Dr. Conolly—and he might claim all as friends who were ever acquainted with him—do not claim that he was the first to abandon mechanical restraints in the management of the insane in England, but concede the priority to Dr. Tuke, of York, and Drs. Charlesworth and Hill, of the Lincoln Asylum. But this reform was very little known, either to the medical profession or the public, until Dr. Conolly adopted it at Hanwell. This institution became so celebrated in a short time under his humane and enlightened management, and also through his able writings and annual reports, that it was visited by large numbers of physicians from this and other countries, and especially by the medical superintendents of foreign asylums; many of whom, from what they saw and heard, became the warm advocates of non-restraint in the cure of the insane. Even in *suicidal* cases, of which nine were admitted the second year, they saw all forms of bodily coercion abandoned, with the obvious effect of soothing and comforting the mind, and apparently reconciling them to life. Ample observation and experience have since proved that kind and mild treatment only tends to diminish the suicidal impulse, by soothing and calming the mind, removing the sense of degradation which restraints produce, while the patient meanwhile is surrounded with cheerful influences, and brought more completely under medical control. It is due, however, to truth to say—and my long and intimate personal acquaintance with Dr. Conolly enables me to do so—that his eminent success in the management of the insane and his control over them were not solely owing to his banishment of all mechanical restraints, but partly to his supreme magnetic personal influence, conciliating and

attaching all, whether insane or not, who came within the reach of his magic voice, his sympathizing look, and gentle manners. His face—if I may use the expression—was a constant “psalm of thanksgiving,” beaming with intelligence, benignity, cheerfulness, and love. The insane seemed indeed to be magnetized whenever they came within the circle of his presence. A word or a look from him relieved them more successfully than any opiate. He had seen the apparent inefficacy of mechanical restraint as a means of curing the insane, or preventing accidents and mischief; its irritating effects on the violent; the alarm it occasions to the timid; and its tendency to debase those to whom and by whom it is applied, as well as to create incurable habits of uncleanliness; and he began the much-needed reform the very first day he entered on his duties as superintendent at Hanwell. He sincerely believed that no favorable impression could be made upon his patients so long as restraints were either resorted to or threatened; and this was not merely the result of observation, but of his knowledge of human nature and the workings of the human mind. But notwithstanding the fascinating personal endowments of Dr. Conolly, and his unequaled influence over the insane; and although he spent the greater part of his time, both night and day, in the wards of his asylum, believing that *moral treatment* of this class is by far the most successful treatment, and that this consists mainly in bringing the same mind in contact with the insane, and not in being merely safe custodians; still he would not have succeeded so triumphantly as he did had he not, in the same proportion as he disused mechanical modes of restraint, substituted in their place a more efficient agency by surrounding himself with a greater number of carefully-selected humane attendants, of superior intelligence and respectability. In this respect again following closely in the footsteps of Pinel, who in a few days released fifty-three maniacs from their chains, saying to them: “I am going to give you all liberty if you will only behave well;

but I have plenty of strong men here ready to enforce my demands, if necessary, and bind you again if you do n't conduct yourselves quietly ;" and he never found it necessary to bind a single patient.

Neither did Dr. Conolly find a substitute for physical and mechanical restraints in seclusion, in padded rooms or dark cells, as some of his opponents have asserted. Dr. Conolly was exceedingly gratified to find, after a short time, that not only was the management of a large asylum practicable without the application of bodily coercion, but that after the total disuse of such a method of control the whole character of an asylum undergoes a gradual and beneficial change; and not only this, but it soon became evident that the more rapid recovery of his curable cases was greatly promoted by the abolition of physical restraints. The great principles on which he so confidently relied for success were, as far as possible, to remove all causes of irritation and excitement from the irritable; to soothe, encourage, and comfort the depressed; to repress the violent by methods which leave no ill effect on the temper and no painful recollections in the memory; and in all cases to seize every opportunity of promoting a restoration of the healthy exercise of the understanding and the affections. Dr. Conolly testifies that where mania was thus treated, and not exasperated by severity and restraint, it lost its ordinary character of raving madness; loud cries, piercing shrieks, and agonizing groans were no longer heard; hope took the place of fear; quiet was substituted for discontent and violent struggles, and the mind left in a state favorable to every impression likely to call forth salutary effects. That mental diseases are essentially modified and rendered more amenable to successful treatment by such a system of management was abundantly demonstrated in the experience of Dr. Conolly.

At the end of ten years of active asylum life, Dr. Conolly states in his annual report that during that whole period

"no hand or foot has been fastened in this large asylum, by day or by night, for the control of the violent or the despairing ; no instrument of mechanical restraint has been employed or even admitted into the wards for any reason whatever ; no patient has been placed in a coercion chair by day or fastened to a bedstead at night. Every patient, however excited or apparently unmanageable, arriving at the asylum in restraints has been immediately set free, and remained so from that time. I wish to overstate nothing, but I am justified in adding that the results, more and more seen in every successive year, have been increased tranquillity, diminished danger, and so salutary an influence over the recent and newly admitted and most violent cases as to make the spectacle of the more terrible forms of mania and melancholia a rare exception to the general order and cheerfulness of the establishment."

After a faithful service of ten years, Dr. Conolly resigned, and was appointed visiting physician to the institution ; visiting the asylum twice a week, and spending the greater portion of the day with the patients at each visit ; retaining the same interest in the patients that he ever manifested ; and having a kind and gentle word and pleasant look for each, caused their sad faces to gleam with a smile, while it roused their feeble minds, and made his visit to the wards longed for and appreciated. No philanthropist ever rejoiced in more acts of beneficence than Dr. Conolly. To do good to his fellow-men seemed the great aim of his life, and to be poor and insane were conditions which at once endeared the sufferers to him. Nor did he forsake them when discharged cured, but strove to obtain some pecuniary aid for them from a fund contributed for the relief of discharged patients, to which he generally added a liberal donation from his own purse. He was an enthusiast in the cause of the insane, a model for the imitation of others similarly situated ; practicing a ceaseless vigilance over his patients ; visiting the wards at all hours of the night to see that the night-attendants performed their duty, while

in various ways he ministered to the comfort of the restless, sleepless patients under his care. His work was indeed literally a labor of love; and a common remark of his to his friends was, "I feel grateful to God, who has intrusted duties to me which angels might stoop to perform." Dr. Conolly would seem to have been raised up by Providence to do a special work much needed at the time. This was to rescue the insane from the wretched condition in which they generally were placed, and educate the public and professional mind in regard to the non-necessity of mechanical restraints in their management, and to show that a good and suitable building and pleasant site were *essentials* in the restoration of a disordered mind. A visit to England in 1862 showed me some of the valuable fruits of his teachings, for I found almost every county provided with a splendid lunatic hospital formed on the general principles advocated by him, and often crowning some beautiful hill, commanding an extensive and splendid prospect. And not only England, but also our own country is equally indebted to him, for most of our newly-erected lunatic hospitals have been erected according to plans described in his work on *The Construction of Lunatic Hospitals*.

It is not my design to attempt anything like a complete sketch of the life or the services of Dr. Conolly. I only aim to give some brief notices which may interest the reader and perhaps serve some useful purpose at home.

In regard to the absolute need of didactic and clinical teaching of insanity and nervous diseases generally in medical schools and lunatic asylums, Dr. Conolly was always a strong advocate. He held, indeed, that every public lunatic asylum should be available for such practical instruction; and, as "some compensation for the unavoidable evils of public asylums," he thought every establishment of that kind should be made a clinical school, in which, under certain restrictions, medical students might prepare themselves for their future

duties to the insane. Although insanity has not yet found a place among the *required* branches of medical education either in Europe or in this country, we trust the time is not far distant when this can no longer be said. Dr. Conolly set the example in Great Britain by instituting a course of clinical lectures in Hanwell Asylum, devoting one day in a week to them during the summer; the Doctor and the other medical officers of the asylum conducting the advanced students and young physicians attending through the wards, making them acquainted with the character and phases of insanity as exhibited in the different patients. The senate of the University of London now recognizes three months' attendance with clinical instruction in a lunatic asylum as equivalent to the same period of attendance in a medical hospital; and it has also recognized Bethlehem and Saint Luke's Hospitals as medical schools for the practical study of insanity. The lunatic asylums of Edinburgh, Glasgow, and Aberdeen also admit medical students to their wards for practical instruction; and lectures on medical psychology and clinical instruction on mental diseases have been given for ten years past, during the summer months, by Prof. Daylock, of the University of Edinburgh. But these lectures, as I personally know, are very thinly attended, and, I believe, will continue to be till insanity is made a subject of examination for a medical degree.

When I last visited Dr. Conolly at the Lawn House (Hanwell), in July, 1862, which he finally left in December, 1865, it was very evident that he had failed much in mental energy, and was suffering seriously from chronic disease. His brain had been greatly overworked, and the constant strain of his mental powers for many years had wrought its work upon a constitution never very rugged. He complained of severe headaches and neuralgic pains of the face and head (of which he had a severe paroxysm at the dinner-table), as well as a chronic skin affection, which deprived him of sleep and rest.

and gave him much annoyance by day ; still he took a deep and active interest in everything relating to his profession, especially the insane. He was calm, cheerful, and affable ; quiet and gentle in his deportment, and eminently gracious toward all. He considered, he said, the great work of his life accomplished, and was content to live or die, as it might please the Giver of life, but lamenting that he had accomplished so little of what he had designed to do. He had resigned his office of visiting physician to the asylum in 1852, ten years previous ; and although he had been appointed consulting physician, there were scarcely any duties attached to the office. He took, I believe, a few private patients affected with nervous disorders, not insane, into his house, but altogether distinct from his family, and continued to do so for a few years afterward. He has expressed his feelings so fully at this time in his last work on *The Treatment of the Insane*, that I shall venture to quote a few passages.

“ No longer residing in the Hanwell Asylum, and no longer superintending it, or even visiting it, I continue to live within view of the building and its familiar trees and grounds. The sound of the bell that announces the hour of the patients’ dinner still gives me pleasure, because I know that it summons the poorest creature there to a comfortable, well-prepared, and sufficient meal ; and the tone of the chapel-bell, coming across the narrow valley of the Brent, still reminds me, morning and evening, of the well-remembered and mingled congregation of the afflicted ; and who are then assembling, humble, yet hopeful and not forgotten, and not *spiritually deserted.*”

Dr. Conolly continued to grow more feeble, till he was finally attacked with apoplexy and paralysis, March 5, 1867, which in a few hours proved fatal. According to Sir James Clark, who was one of his life-long and most intimate friends, and who has written an excellent memoir of his life, to which I am much indebted in preparing this hasty sketch, Dr. Conolly “ exhibited during the whole period of his retire-

ment a tranquil, contented, and happy state of mind, and doubtless enjoyed the consolation of feeling that his life had been one of active benevolence, and that his labors had contributed largely to the permanent alleviation of human suffering in the most 'calamitous of all diseases,'"

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